



# Children's Mental Health and Substance Abuse

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## State Infrastructure Grant- SIG

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM





## **Relevance and Importance of Children's Mental Health/Substance Abuse**

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### Nebraska Children with Mental Health and Substance Abuse Problems

- 90,000 Children Affected
- 47,000 with Significant Impairment
- 21,000 with Extreme Impairment

Source: U.S. Department of Health and Human Services, 1999; U.S. Surgeon General's Report, 2000

# Purpose of Grant

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- State infrastructure for children's mental health and substance abuse services
- Population:
  - Birth to age 5
  - Youth





# Overview of Grant

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- Develop a statewide children's mental health and substance abuse delivery system
- System includes state, regional, and local levels
- SAMSHA funded through 2009
- Build on current Best Practices in Nebraska



# Key Focus Areas

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- Family-Centered Practice Across Systems
- Culturally Competent
- Evidenced-Based Interventions





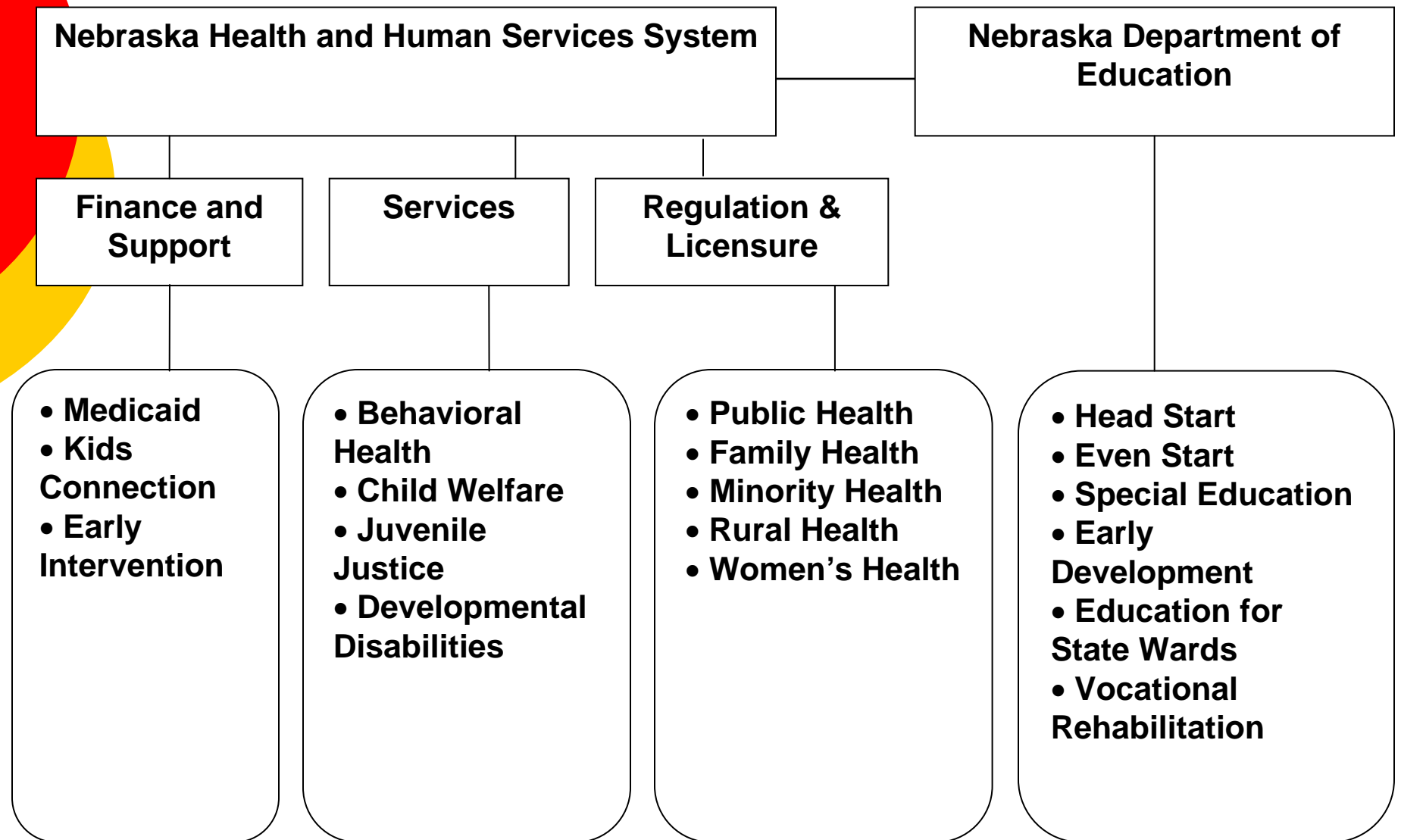
## Key Focus Areas

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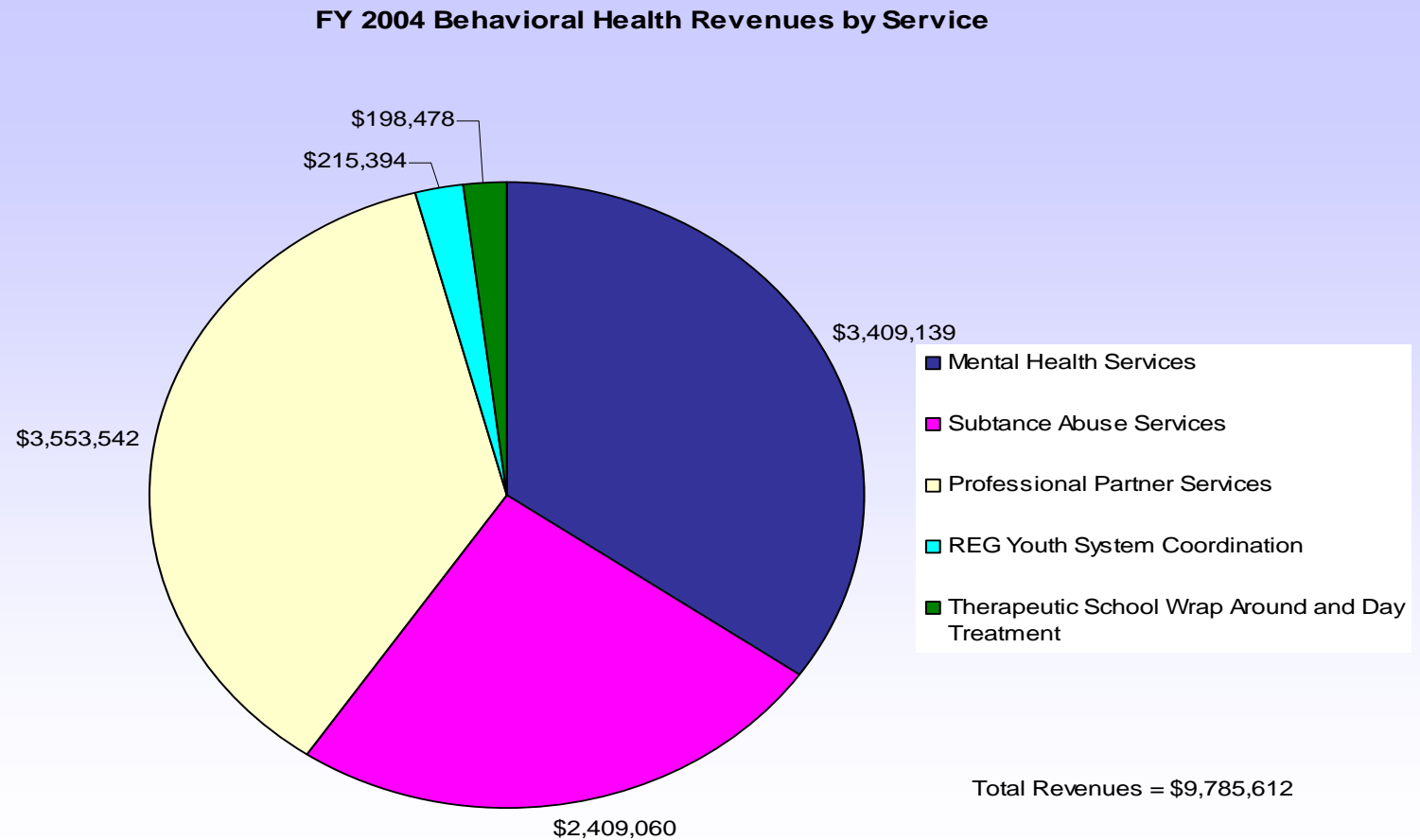


- Integration across child and family serving agencies
- Coordinated service plans
- Outcome focused

# Nebraska State Agencies



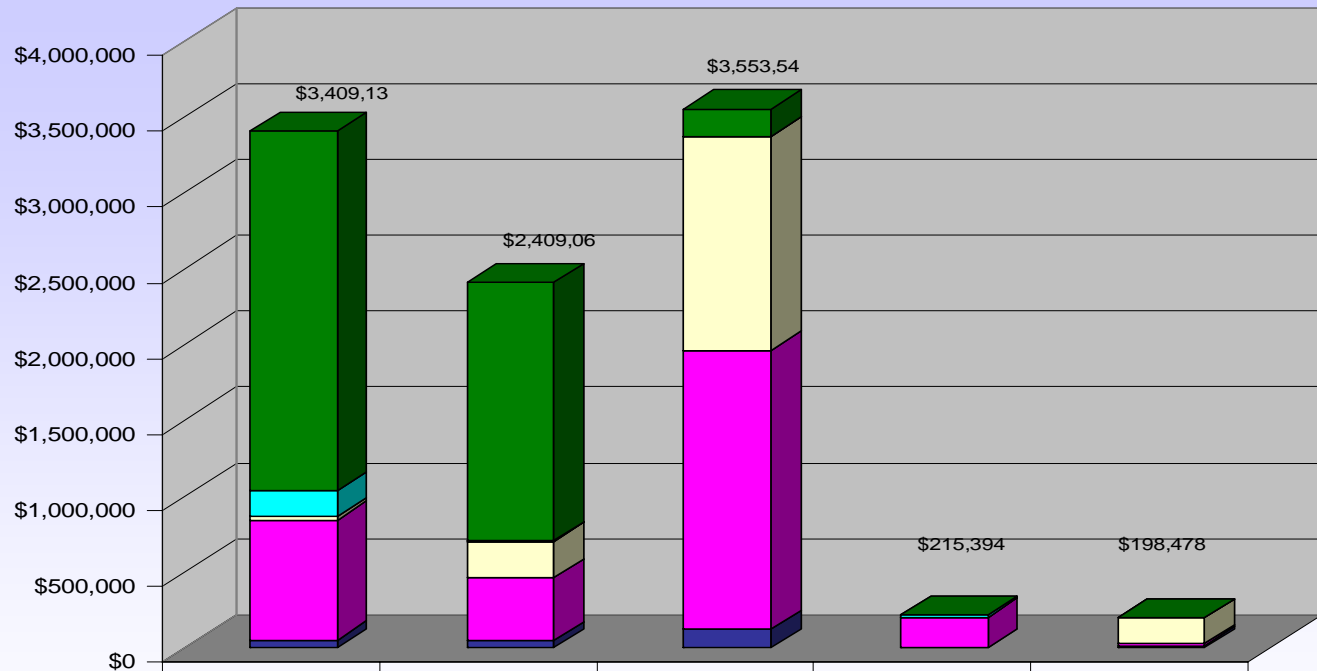
# Current State Behavioral Health Division Data for Children Under 18





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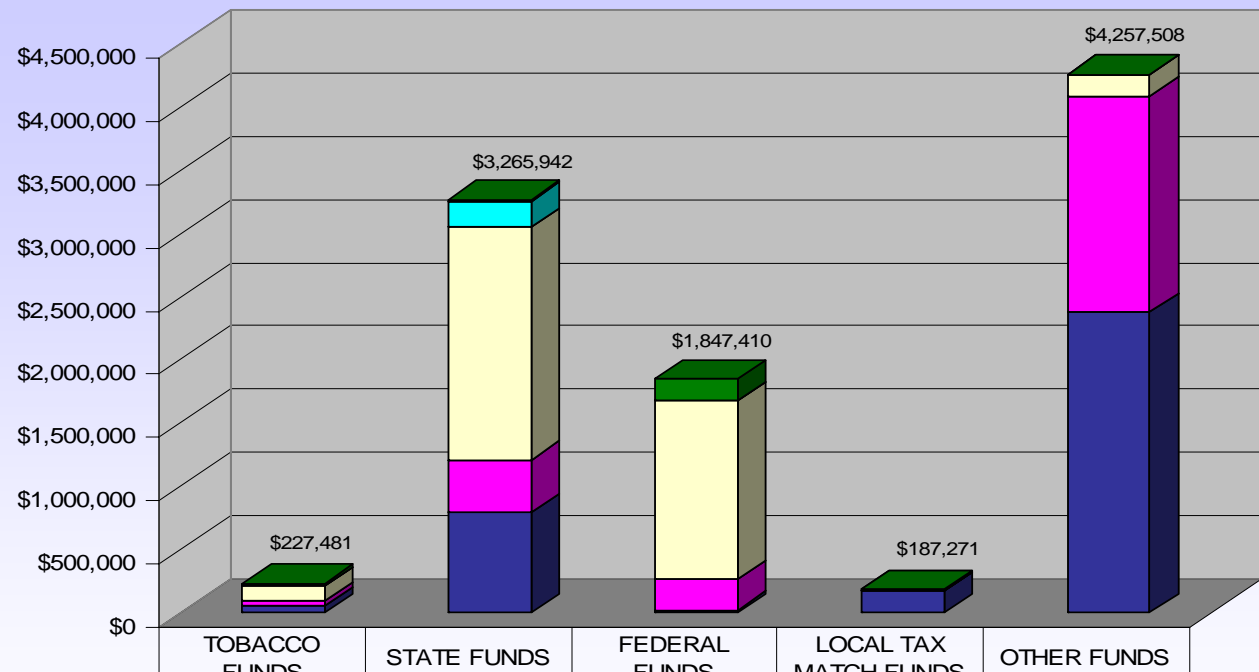
**FY2004 Behavioral Health Revenues by Service and Funding Source**



	Mental Health Services	Substance Abuse Services	Professional Partner Services	REG Youth System Coordination	Therapeutic School Wrap Around and Day Treatment
OTHER FUNDS	\$2,374,270	\$1,706,218	\$177,020	\$0	\$0
LOCAL TAX MATCH FUNDS	\$170,462	\$4,000	\$0	\$12,809	\$0
FEDERAL FUNDS	\$23,094	\$241,727	\$1,413,733	\$0	\$168,856
STATE FUNDS	\$790,808	\$413,299	\$1,843,119	\$202,585	\$16,132
TOBACCO FUNDS	\$50,505	\$43,816	\$119,670	\$0	\$13,490

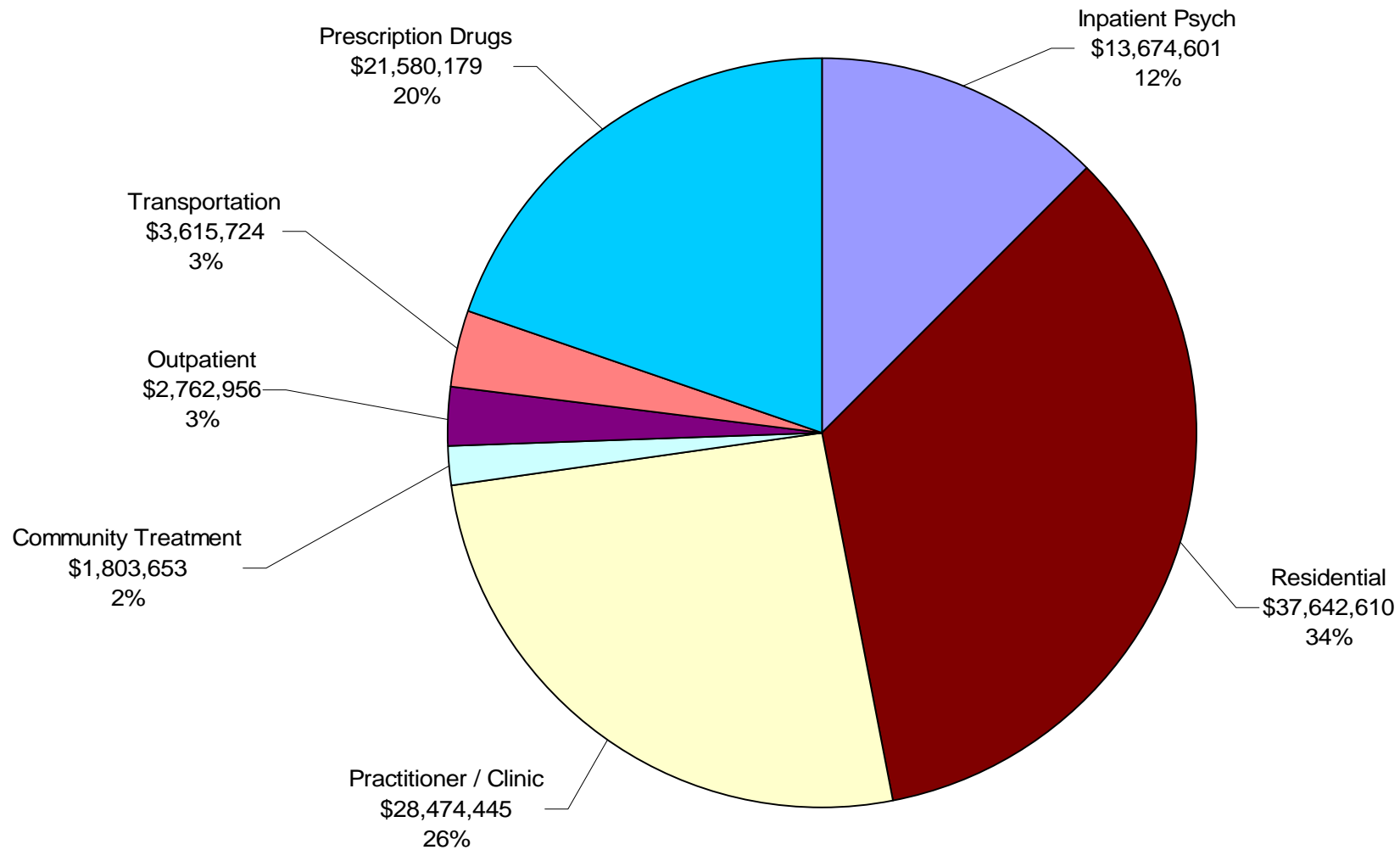
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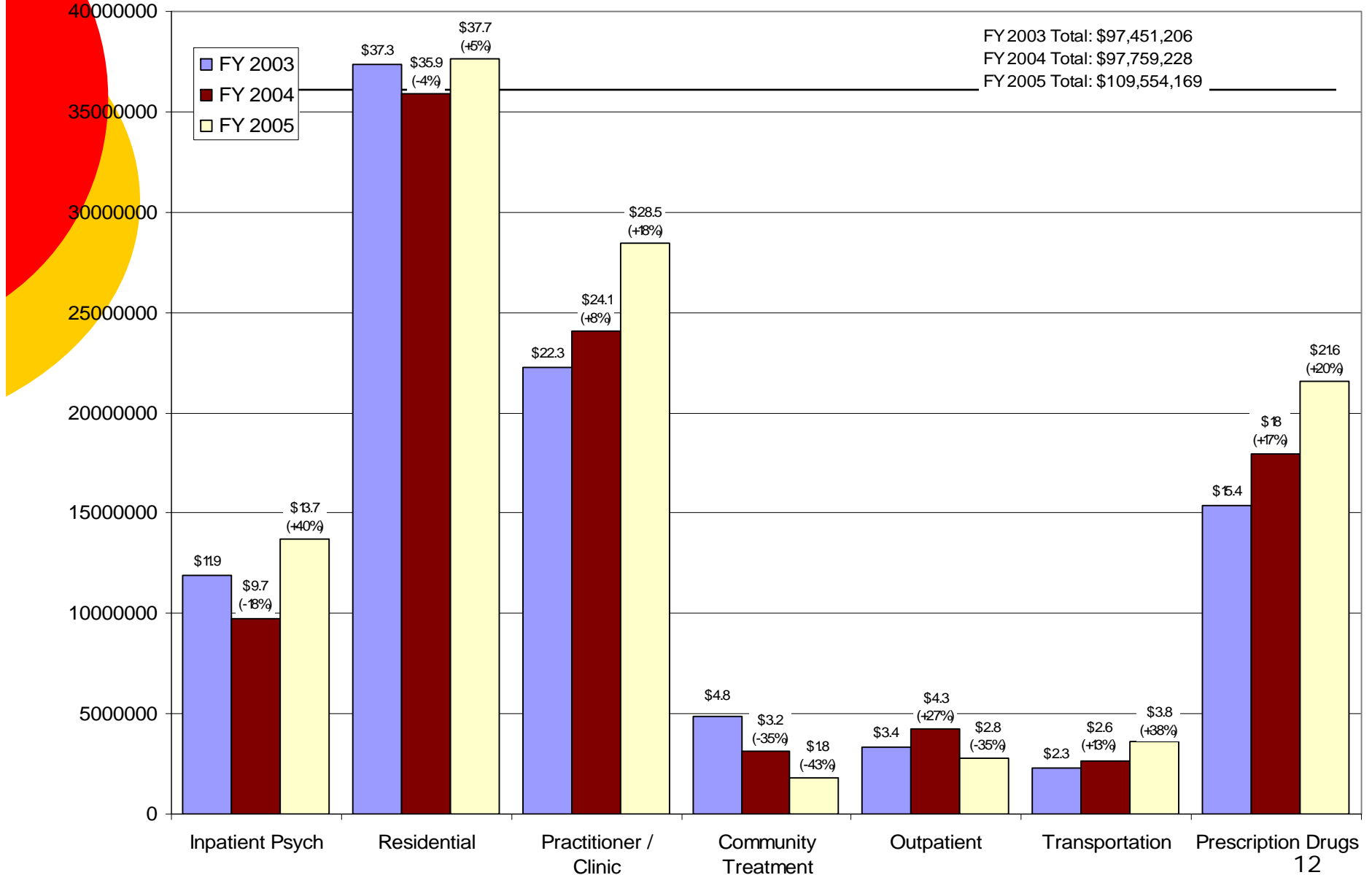
■ Therapeutic School Wrap Around and Day Treatment	\$13,490	\$16,132	\$168,856	\$0	\$0
■ REG Youth System Coordination	\$0	\$202,585	\$0	\$12,809	\$0
■ Professional Partner Services	\$119,670	\$1,843,119	\$1,413,733	\$0	\$177,020
■ Substance Abuse Services	\$43,816	\$413,299	\$241,727	\$4,000	\$1,706,218
■ Mental Health Services	\$50,505	\$790,808	\$23,094	\$170,462	\$2,374,270

**FY 2005 Nebraska Medicaid Expenditures for MH/SA Services  
Children 20 and Younger  
Total: \$109,554,169**

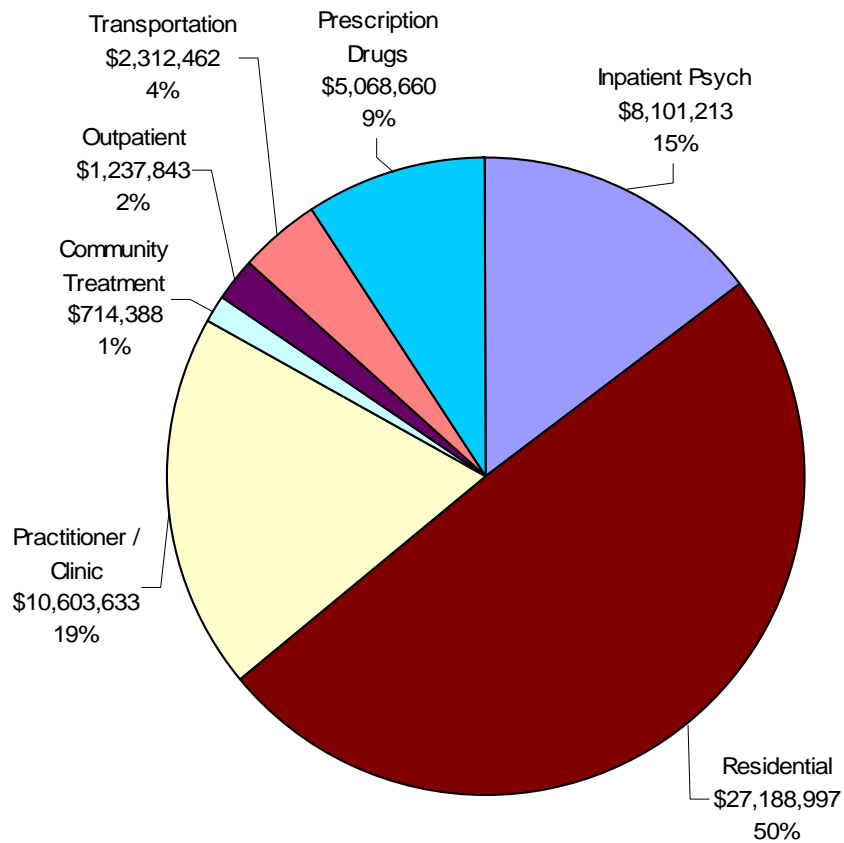


## FY 2003 - FY 2005 Nebraska Medicaid Expenditures for MH/SA Services Children 20 and Younger

**Numbers Above Bars Represent Expenditures in Millions of Dollars and Year-to-Year Percent Change**

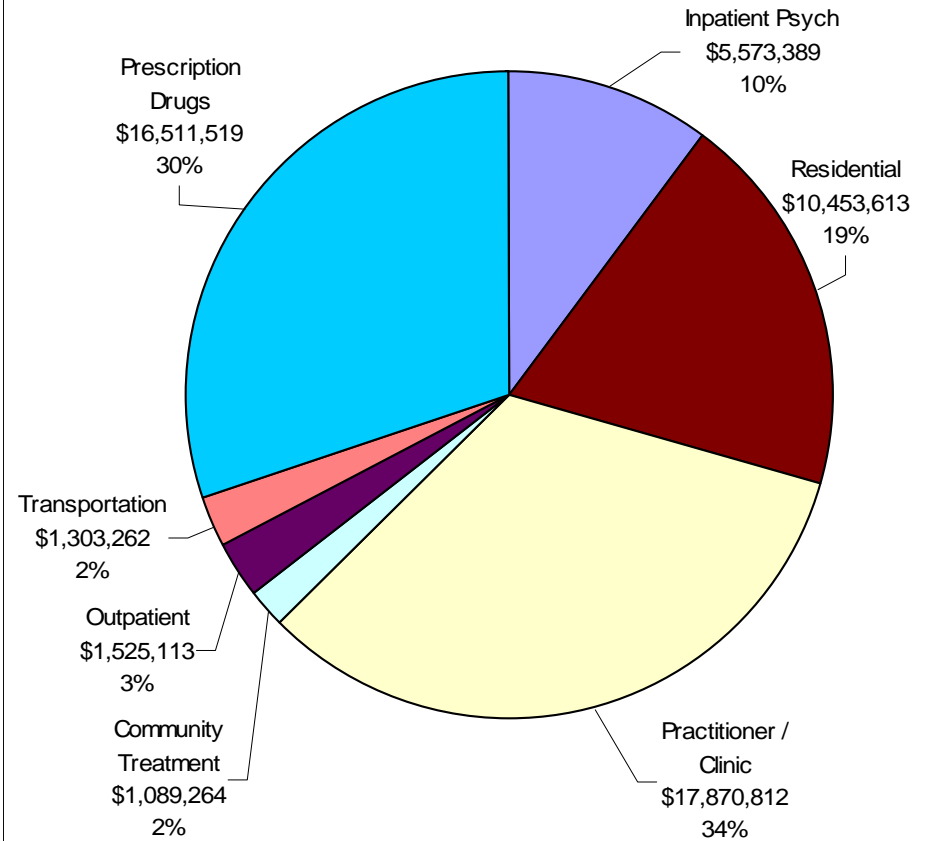


**State Wards**  
**Total: \$55,227,197**



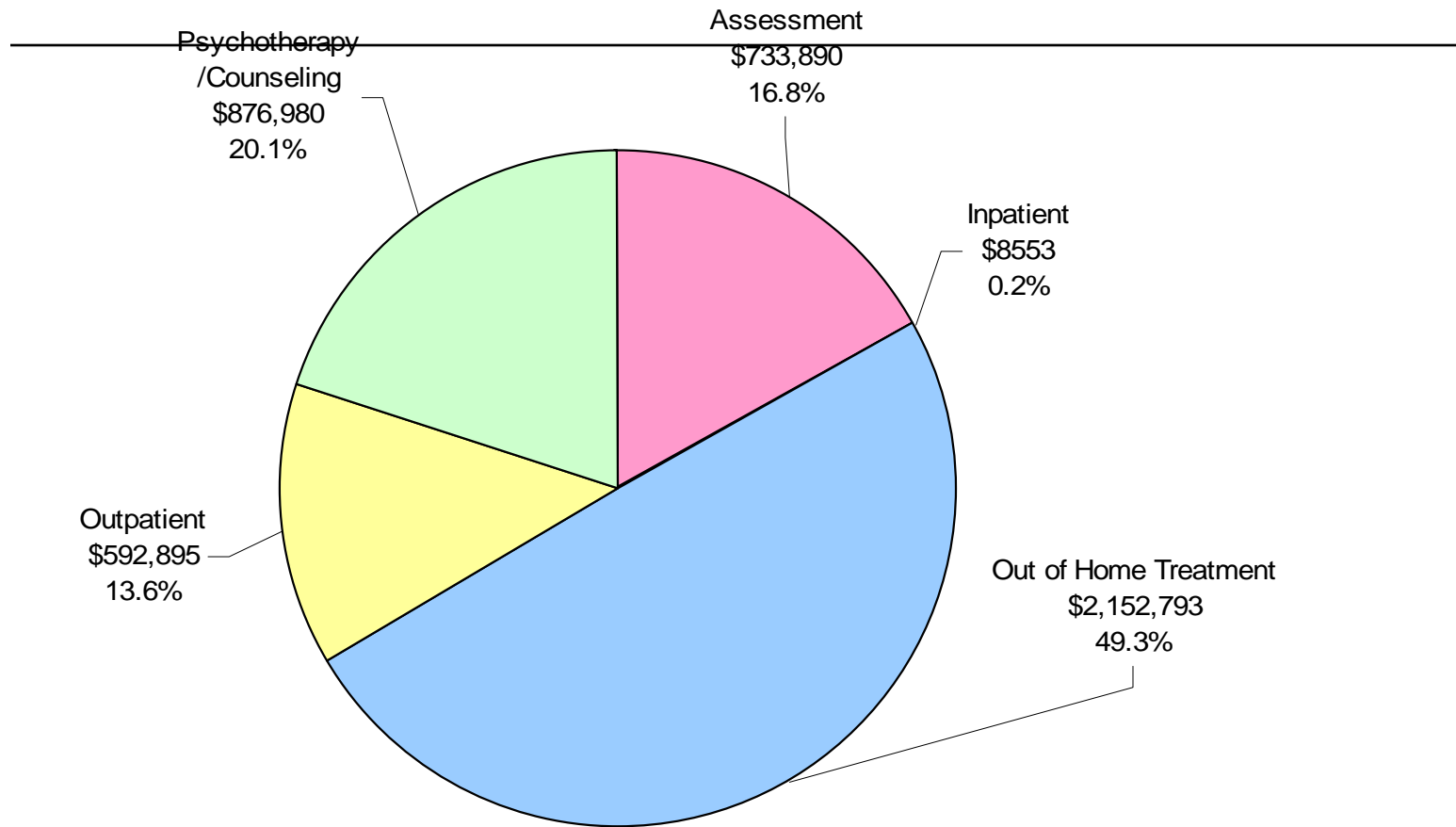
Average Monthly Eligible Clients = 6,514  
Average Monthly Cost per Eligible Client = \$706.52

**Non-State Wards**  
**Total: \$54,326,972**

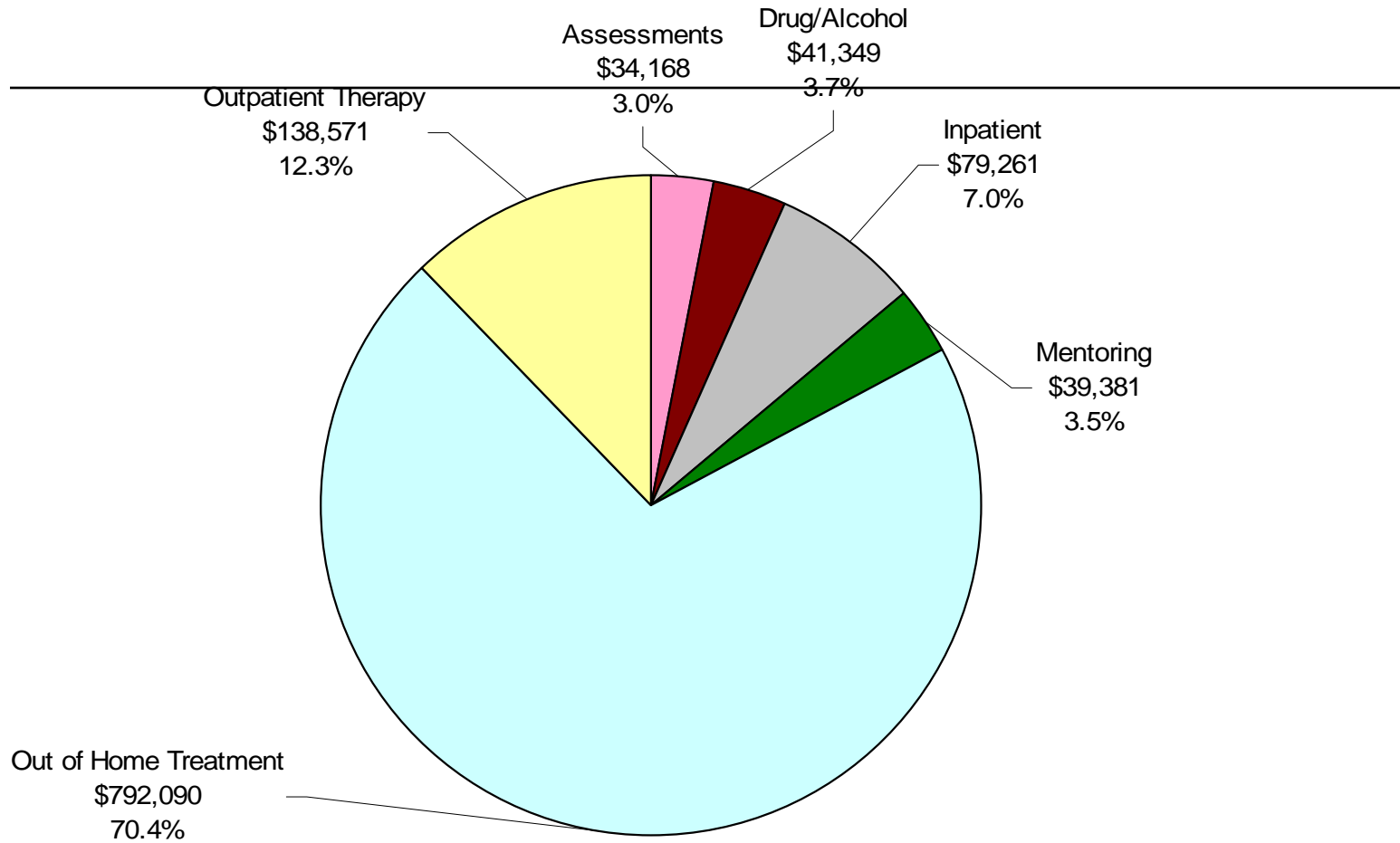


Average Monthly Eligible Clients = 130,312  
Average Monthly Cost per Eligible Client = \$34.74

**FY2005 Nebraska Child Welfare Expenditures for MH/SA type services**  
**Total \$4,365,111**



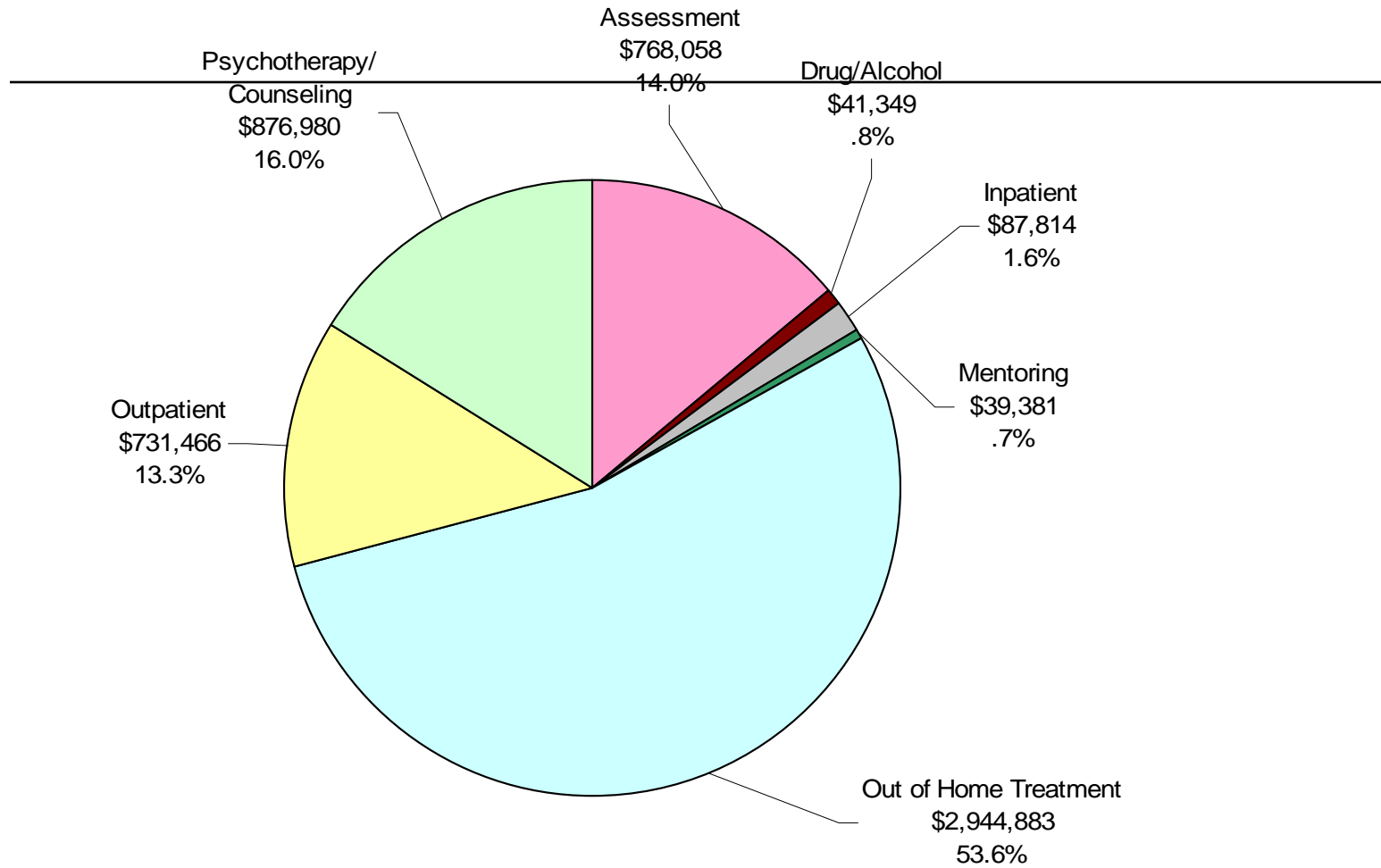
**FY2005 Nebraska ICCU Expenditures for MH/SA type services**  
**Total \$1,124,820**



Source: As Reported by ICCU Regions

Updated 3/16/06

**FY2005 Nebraska Child Welfare and ICCU Expenditures for MH/SA Services**  
**Total Expenditure \$5,489,931**



Source: Nfocus Paid Claims and as Reported by ICCU Regions  
 Updated 3/16/06





# Infrastructure

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- Developing a children's mental health and substance abuse delivery system
  - Financing mechanisms
  - Policy/regulations
  - Training and technical assistance
  - Information and communication technology
  - Needs assessment and strategic planning
  - Research and evaluation



# SIG Steering Committee

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- Oversee the implementation of the SIG grant activities
- Review work team products
- Charter new work teams as needed
- Review and recommend changes in
  - policy
  - organizational structure
  - financing of children's mental health systems of care



## Short-Term Recommendations

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- Conduct **stakeholder focus groups** to better understand concerns and evaluate funding opportunities
- Access expert consultation from the Center for Medicaid/Medicare Services
- Access expert consultation to better understand how other states have coordinated funding
- Develop **standards for family-centered care** to be applied across funding streams



## Short-Term Recommendations

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- Physician/professional/family awareness of **early childhood screening** tools - EPSDT
- Map existing payment pathways, protocols and service eligibility requirements for young children and women
- Complete an environmental scan of other **risk reduction/prevention** models for young children
- Survey mental health practitioners for capacity to **treat women for depression**



## Short-Term Recommendations

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- Invite additional stakeholders in discussion of evidence-based practices
- Implement a **nominating process for evidence-based practice** in Nebraska
- Committees initially develop one or two evaluation models to guide work.
- Charter a data team to create a SIG data base.



## Long-Term Recommendations

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- Obtain information needed to support funding strategies through a **study of the reasons youth become state wards**
- Access expert consultation about how other states have prevented the need for parents to make children state wards to access services
- Evaluate/develop intensive assessment and care coordination pilots
- Identify the core continuum of services/supports



# Long-Term Recommendations

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- Modify **policies and regulations to reflect family-centered care** across agencies
- Ensure compliance family-centered care standards for providers/coordinators
- Ensure all Requests for Proposals incorporate the standards for family-centered care
- Develop a permanent state-level structure for sustainability of SIG
- Capacity building for local interagency structures to support family-centered practice



## Long-Term Recommendations

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- Marketing plan to physicians, physicians in training, and families about the importance of screening for early childhood MH/perinatal depression
- Encourage screening of young children through EPSDT
- Disseminate current funding criteria/ pathways in service systems to EPSDT providers and referral sources
- **Build competency of behavioral health workforce** to assess and treat social, emotional, and behavioral problems in young children





## Long-Term Recommendations

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- Increase risk reduction/prevention strategies related to screening and referral and prevention of social, emotional and behavioral problems in young children
- Select optimal perinatal depression screening tool(s) for health care and community based settings and develop protocol for accessing treatment and support services



## Long-Term Recommendations

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- Develop protocol for using perinatal depression “quick screen” tools in community settings; provide training and TA
- Conduct evaluations of effectiveness and reliability of both the Edinburgh and CES-D tools
- Expand training to additional health care providers in the use of a perinatal depression screening tools, protocols for its use



# Long-Term Recommendations

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- Develop toll-free consultation line for perinatal depression
- Work with medical schools and residency programs in incorporating perinatal depression into programs
- Further explore reimbursement policies for perinatal depression screening by primary care providers
- Training to develop capacity for identification /follow-up of perinatal depression and provision of supportive services



## Long-Term Recommendations

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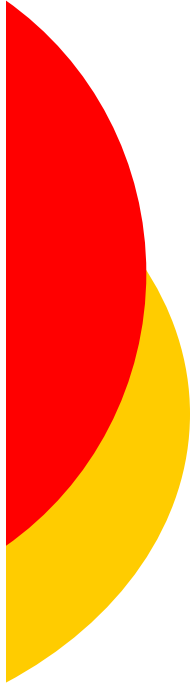
- Develop an array of supportive services for women identified with perinatal depression
- Providing training on “quick tool”
- Maintain/expand web site
- Incorporate perinatal depression screening/follow-up into other help lines and resources accessed by women/families (such as 211 system)



## Long term Recommendations

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- Develop **matrix of evidence-based practices for children's mental health and substance abuse**, adapted from national and other state standards
- Review policies/standards across child-serving systems to determine adherence with evidence based practices
- Develop permanent infrastructure for stakeholders to promote relevant mental health and substance abuse research and implementation of practices supported by evidence



## Organizational Structure Work Group

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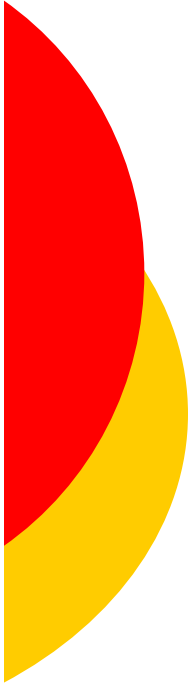
- Ensure family and youth involvement at all levels of organizational structure.
- Establish an interagency council to oversee the development and strengthening of the state, regional, and local infrastructure for children's mental health & substance abuse services.
- Create a consistent statewide framework so that families can have a single point of access to services.



## Organizational Structure Work Group...

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- Develop an intersect/transition between youth and adult services.
- Investigate the barriers to services created by private insurance policies.
- Undertake a thorough needs assessment to bring continuity across the state.
- Promote an organizational structure that supports the integrity of families and family centered practice.



## Finance Work Group

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- Ensure family and youth involvement in the planning, policy development and implementation of infrastructure funding.
- Identify and prioritize a comprehensive array of services.
- Develop outcome-based funding strategies.





## Finance Work Group...

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- Make categorical funding invisible to the family or recipient.
- Pursue regulation changes with CMS for Medicaid waivers.



# Children's Mental Health and Substance Abuse Web Site

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- <http://www.hhs.state.ne.us/med/sig/>